

should be synergistic and complementary in their approach with the common goal of managing the obliteration of the aneurysm with minimal risk, both short-term and long-term, to the patient.

**Keywords:** aneurysm, clipping, endovascular techniques, bypass

## 68. ERECTILE DYSFUNCTION IN PATIENTS WITH NEUROLOGICAL DISORDERS

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**Introduction:** Erectile dysfunction (ED) is a common symptom in many neurologic diseases. This fact has led to the increasing involvement of the neurologists in the evaluation of ED.

**Materials and Methods:** 1. Bibliographic review on the topic: ED in patients with neurological disorders, - Ovid - 1995-2013, 40 selected sources, MedLine - 15 sources, HINARI - 20 sources; 2. Studying pathophysiological mechanisms of neurogenic ED; 3. Studying of medical cases of patients with neurological disorders and ED, in Neurology and Urology Clinics; 4. Evaluation of selected cases.

**Results:** The clinical case reported below, is to reveal the importance of the collaboration between andrologist and neurologist in managing a patient with neurologic ED. G. is a 38-year-old man first time to andrologist. He reports significant ED, progressed over the past few months, no spontaneous erections. Other complaints - back pain radiating to left leg, bilateral paresthesia. Symptoms started about 4 years ago. He consulted several urologists, and was diagnosed with chronic prostatitis and followed several treatments with transient temporary relief. Medical history - diagnosed with a herniated lumbar disc 5-6 mm - 2009, conservative treatment. Sexual history - single, stable sexual partner, psychological climate appropriate. SHIM questionnaire = 11 points (moderate ED). Physical examination - normal genitalia and prostate. Laboratory results - no abnormalities. Treatment recommendations - inhibitor PDE 5, with positive effect. But due to complaints of back pain radiating to left leg and bilateral paresthesia, was recommended lumbar MRI - found discal herniation 18-20 mm. The patient was referred to neurosurgery for surgical treatment. After 6 months, he presented to andrologist for evaluation. SHIM questionnaire = 20 points - satisfactory sexual function with no PDE5 medication.

**Conclusions:** 1. The evaluation of ED causes needs a multidisciplinary cooperation between several specialists in urology, endocrinology, neurology, psychiatry, and others. 2. The reported clinical case shows the importance of right neurologic evaluation. And the professional treatment has resolved not only the neurological problem but the andrological problem.

**Key words:** Erectile Dysfunction, Neurological Disorder, SHIM

## 69. STATISTICAL AND CLINICAL ASPECTS OF GLAUCOMA IN THE NORTH OF THE REPUBLIC OF MOLDOVA

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**Introduction:** Glaucoma is a group of eye conditions resulting in optic nerve damage, which may cause loss of vision. It is one of the leading causes of blindness.

**Objectives:** To report on statistical and clinical aspects of glaucoma in the North of the Republic of Moldova, never studied before.

**Materials and methods:** A retrospective case series consisting of reviewing the medical notes of 518 patients (921 eyes) diagnosticated with glaucoma in Bălţi Municipal Clinical Hospital P.H.A. covering the period 2009 to 2012. Patients were divided into 4 groups: 1<sup>st</sup> - patients with Primary Open - Angle Glaucoma (POAG), 2<sup>nd</sup> - Primary Angle - Closure Glaucoma (PACG), 3<sup>rd</sup> - Glaucoma Suspect (GS), 4<sup>th</sup> - Secondary Glaucoma (SG). t - Student test was used for statistical analysis of the results, if  $p < 0,05$ , then CI = 95%.

**Results:** During the study performed in the North of the Republic of Moldova it was revealed